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Bib Data Sheet

CONFIRMATION NO. 8199

SERIAL NUMBER 09/974,714	FILING DATE 10/09/2001 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. Halveron-Cost
APPLICANTS Helena B. Halverson, St. Cloud, MN;				
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 09/378,027 08/20/1999 PAT 6,301,564 <i>ju</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY** <i>ju</i> ** 11/28/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>ju</i>		STATE OR COUNTRY MN	SHEETS DRAWING 15	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature <i>ju</i> Initials <i>ju</i>		INDEPENDENT CLAIMS 1		
ADDRESS 27119				
TITLE Dimensional dining restaurant management system				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	